

MCXC-_____

DATE: _____

MEMORANDUM THRU

Chief, Department of _____ Womack AMC, Fort Bragg, North Carolina 28310
 Battalion Surgeon, Warrior Transition Battalion, Womack AMC Fort Bragg, North Carolina 28310
 Deputy Commander of Clinical Services, Womack AMC, Fort Bragg, North Carolina 28310

FOR: Commander, Warrior Transition Battalion, Womack Army Medical Center, Fort Bragg, North Carolina 28310

SUBJECT: Request for Assignment to the Warrior Transition Battalion, A/B/C/D Company

1. Under provisions of AR 40-600, AMAP 05 June 2007, request the following patient be assigned/attached to the Warrior Transition Battalion, Womack Army Medical Center.

a. _____
 (Name) (Rank) (SSN)

b. _____
 (Unit) (MOS) (ETS)

c. _____
 (Commander) (Phone #) (First Sergeant) (Phone #)

(Diagnosis) Attach copy of profile, clinic note/s, etc. as necessary

e. Expected Outcome Medical Discharge RTD

f. _____
 (Special needs/ work restrictions)

2. Justification:

a. _____ Warrior has a medical condition that will severely limit their duties for at least six (6) months;

Justification: Explain why Soldier CANNOT continue to remain assigned to his or her unit (e.g., ADL issues, ADA requirements, etc.)

Privacy Act Statement

Title 5 US Code, Section 301; Executive Order 9397 authorizes the use of your Social Security Number as an identification number. The purpose of this information is for recordkeeping only. Having read the preceding Privacy Act Statement submission of this electronic form indicates applicants consent.

b. ___ Warrior is currently in an MEB/PEB process;

Date MEB Initiated:

Justification: Explain why Soldier CANNOT progress with the MEB while assigned to his or her unit.

c. ___ Warrior will be hospitalized in excess of 90 days.

d. ___ Warrior is en route to overseas and will require hospitalization in excess of 30 days beyond his or her scheduled reporting date to new unit of assignment

e. ___ Other _____

3. Recommend Warrior be allowed to work at previous unit under work program while assigned to WTB.

YES NO

If Soldier CANNOT work, explain why not:

Typed Name/ Signature Attending Physician

Phone #/Pager #

FOR WTB USE ONLY

Assigned Warrior Transition Clinic Case Manager: _____

DCCS office will fax approved WTB Requests to the Warrior Transition Battalion S1 and send original to the WTB S1. Original is maintained by the WTB S1 and copies are distributed to: 1. Soldier's Loosing Company Command, 2. Soldier's Medical Record; 3. Warrior Transition Clinic.

Commander's Performance and Functional Assessment (Page 1 of 2)

Appendix 2 (Commander's Performance and Functional Statement) to Annex B (Reassignment or Attachment of Soldiers to the Warrior Transition Unit) to FRAGO 3 to EXORD 118-07 [HEALING WARRIORS]

Appendix 2					
COMMANDER'S PERFORMANCE & FUNCTIONAL STATEMENT					
AUTHORITY:					
PURPOSE: To provide information on the impact a medical impairment has on the ability of military personnel to perform their military duties and to document administrative actions.					
SECTION I: SOLDIER DEMOGRAPHIC INFORMATION					
1. DATE (YYYYMMDD)	2. LAST NAME	FIRST NAME	MIDDLE INITIAL	3. SSN:	4. PMOS/BASD:
4. COMPONENT	5. AGE	6. UNIT OF ASSIGNMENT:			
SECTION II: FUNCTIONAL STATEMENT					
Description:			YES	NO	COMMENTS REQUIRED IN SECTION V
7. Soldier is performing duties in his/her MOS.					
8. Soldier is in an appropriate TO&A or TDA position for his/her grade and MOS					
9. Soldier can perform his/her assigned MOS duties in the unit.					If answer is NO
9a. soldier performs alternate duty well.					If answer is NO
10. Soldier's medical condition/limitations affect the unit accomplishing its mission					
11. Soldier keeps all medical appointments					If answer is NO
12. Soldier has healthcare appointments on a regular basis					If answer is NO
	<1 time/wk	1-3 times/wk	3-5 times/wk	>5 times/wk	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
SECTION III: INDUSTRIAL CAPACITY STATEMENT:					
			YES	NO	COMMENTS REQUIRED IN SECTION V
13. Soldier works an 8-hr duty day.					If answer is NO
14. If Soldier is not working, it is because he/she is going to appointment.					If answer is NO
15. Soldier is able to remember locations, work-like procedures and instructions.					If answer is NO
16. Soldier is able to maintain a level of attention and focus to carry out instructions and complete tasks in a timely manner.					If answer is NO
17. Soldier is able to communicate effectively with others.					If answer is NO
18. Soldier is able to relate civilly to supervisors and other workers.					If answer is NO
19. Soldier is able to sustain an ordinary routine without extra supervision.					If answer is NO
20. Soldier is able to make basic work-related decisions.					If answer is NO
21. Soldier is able to perform without an unreasonable number and duration of rest periods.					If answer is NO
22. Soldier is able to ask simple questions and request help when appropriate.					
23. Soldier is able to respond appropriately to changes in routine.					
24. Soldier is able to be aware of safety hazards and take appropriate precautions.					
25. Soldier has healthcare appointments on a regular basis.					If answer is NO
26. The Commander has reviewed, completed block 19 and 20 and signed Soldiers Profile DA Form 3349.					
27. The Commander agrees with the Soldier's Permanent Profile as written.					If answer is NO
28. Soldier is compliant with profile.					If answer is YES
29. Soldier is charged or under investigation for an offense chargeable under the UCMJ, which could result in dismissal or punitive discharge.					If answer is YES
30. Soldier is pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer).					If answer is YES (Specify the chapter and paragraph
CHAPTER _____, PARA _____					

Commander's Performance and Functional Assessment (Page 2 of 2)

Appendix 2 (Commander's Performance and Functional Statement) to Annex B (Reassignment or Attachment of Soldiers to the Warrior Transition Unit) to FRAGO 3 to EXORD 118-07 [HEALING WARRIORS]

		YES	NO	
31. Soldier is pending voluntary retirement. Date retirement approved: _____				if answer is YES (list date of retirement was approved)
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:		SSN:
SECTION V: COMMENTS				
Provide comments if required by SECTION II, III, or SECTION IV:				
SECTION VI: COMMANDER'S VALIDATION AND SIGNATURE				
1. PRINTED NAME:		2. RANK:	3. TITLE:	
4. UNIT ADDRESS:			5. PHONE NUMBER:	
6. SIGNATURE:		7. E-MAIL ADDRESS:	8. DSN:	9. FAX NUMBER:

TAB D
WARRIOR SCREENING MATRIX

Proponent Agency: MCXC-WTM

Appendix 3, Annex B, FRAGO 3, DA EXORD 118-07 (HEALING WARRIORS)

Warrior Screening Matrix for WTU

The health care provider will complete Sections 1-5 to determine if Soldier meets criteria for referral to Triad or Leadership. The Soldier's Commander will complete Section 6

		A	B	C	D	Soldier's Risk Score				
		A	B	C	D					
1. Health Provider Assessment		Condition requires referral to an MEB ¹								
		Catastrophic illness/injury prohibiting return to pre-injury occupation								
	Behavioral Health	No Combat stress or operational stress								
		Combat Stress or Mild PTSD								
		Moderate PTSD-Improving								
		Moderate PTSD (existing, exacerbated or recurrent)								
		Severe psychiatric illness								
	Predicted duty absence	Requires 1 Appointment or less per month								
		Requires 1 or 2 Appointments per week								
		Requires 3 or more appointments per week								
		Soldier unable to perform any assigned duties in unit for >30 days.								
	Treatment Estimate	Treatment & Rehab complete in <3 mos								
		Treatment & Rehab complete in 3-6 mos								
		Treatment & Rehab complete in 6-12 mos								
		Treatment & Rehab needed for >12 mos								
	Drug or alcohol use	No indication of drug or alcohol use disorder								
		Daily use of prescription controlled substance								
		Tolerance ² to prescription controlled substances								
		Prior enrollment in ASAP or legal/admin action for drugs/alcohol								
		Dependence on or addiction to drugs or alcohol. (Excludes nicotine)								
	Suicide	No history of Suicide thoughts or actions								
		Suicidal Ideation								
		History of Suicide Gesture								
		History of Suicide Gesture/Ideation w/access to lethal means								
		History of Suicide Attempt								
	Medical Compliance	Participates actively in treatment and keeps all Appointments								
		Participates actively in treatment with <3 No Shows in last 6 mos								
		Participates moderately in treatment with 3 No Shows in last 6 mos								
		Does not participate in treatment >3 No Shows in past 6 mos								
	Psychosocial Events	No Significant Life Stressors ³								
Moderate Life Stressors										
Significant Life Stressors or recent divorce or loss of relationship										
Soldier involved in Family Violence within last year										
Injury/Illness mod-severely impacts Soldier's view of Self-Worth										
2. Add Checks in each column to determine Risk Score										
		Weights	1000	100	10	1				
3. Administrative Information										
Soldier's Name (Last, First, MI)					Health Care Providers Name (Last, First, MI)					
Soldiers SSN:					Health Care Providers Signature:					
Soldiers Unit of Assignment					Date Assessment Completed					
4. Transfer Column Totals to Risk Score						5. Circle Risk Assessment Based on Score				
						Score Interpretation / Risk Assessment				
						<p><0029 No indication for Assignment or attachments to WTU: Low risk effect on medical plan of care.</p> <p>0099 – 0199 Possible Indication for Assignment or attachment to WTU: Mild risk effect on medical pan of care.</p> <p>0200 – 0999 indication for Assignment or attachment to WTU: High risk effect on medical plan of care.</p> <p>>1000 Failure to assign or attach Soldier to WTU likely to decrement the medical plan of care.</p> <p>Additional Provider Comments:</p>				
6. Unit Commander's Assessment:										
						<p>Nominate Soldier for WTU Assignment/attachment</p> <p>Keep Soldier in Unit (for Soldiers w scores <200)</p> <p>Keep Soldier in Unit with Risk-Mitigating Strategies (for Soldiers with scores >0200). Must be Between MTF Commander and Unit Commander</p> <p>Risk Mitigating Strategies(for Soldiers remaining in Unit and scores >200)</p>				
						Additional Commanders Comments.				
						Unit Commanders Name (Last, First, MI)				
						Unit Commanders Signature (05+ if Soldier score >200)				
						Date Assessment Completed				